

**WASHINGTON COUNTY PUBLIC SCHOOLS/MERITUS SCHOOL HEALTH PROGRAM
OVERNIGHT FIELD TRIP MEDICAL AND EMERGENCY INFORMATION FORM**

Student: _____ Date of Birth: _____

Address: _____

Name of Parent/Guardian: _____

Phone: Home: _____ Cell: _____ Work: _____

Emergency Contact Name: _____ Phone: _____

Student's Health Care Provider: _____ Phone: _____

Health Insurance Provider: _____ Policy #: _____

Medical Information:

1. Current Medications: _____

2. Medications needed for the field trip: _____

- **Washington County Public Schools policy prohibits students from possessing or using prescription or over-the-counter medication on school property and school field trips.**
- If your student needs any medication (prescription or over-the-counter) during the field trip, an OVERNIGHT FIELD TRIP MEDICATION/TREATMENT PERMISSION FORM must be completed by the parent/guardian and health care provider.
- Medication in its original bottle, with a completed Overnight Field Trip Medication/Treatment Permission Form for EACH medication, must be brought to the school nurse by an adult no later than one week prior to the overnight field trip.
- The teacher in charge/designee must carry and administer, unless student has permission to self-administer, all medications on the trip.
- If your student already has medication at school, please contact the school nurse to make arrangements for this medication and health care provider's order to be taken on the overnight field trip.

3. Allergies: Food _____ Insect _____ Medication _____
Other _____ Has EpiPen Yes No Ever Received EpiPen Yes No

4. Medical/Health Concerns:

Asthma: _____ Diabetes: _____ Seizures: _____ Other: _____
No Medical/Health Concerns: _____

Parent /Guardian Signature: _____ Date: _____

**The teacher must give this completed form to the school nurse at least one month prior to the field trip
This form must be shredded by the teacher upon return of the trip**